

APPENDIX C.13

*TARRANT COUNTY*

# Tarrant Riders Network Strategic Outcomes and Priorities For Inclusion in *2017 Access North Texas*

## Overview

The Tarrant Riders Network (TRN), was formed in 2012 by Tarrant County Judge B. Glen Whitley and the United Way of Tarrant County CEO Tim McKinney. TRN was created to improve transportation options in Tarrant County and in response to changes in the availability of transportation services in North Texas. With the encouragement of TRN, the North Central Texas Council of Governments (NCTCOG) funded a *Tarrant County Needs Assessment* as an element of its 2013 *Access North Texas*.

A TRN steering committee was formed under the leadership of Judge Whitley and Mr. McKinney. The steering committee is made up of representatives from the Fort Worth Transportation Authority (FWTA), Catholic Charities Diocese of Fort Worth (CCFW), United Way of Tarrant County, and MHMR Tarrant. The TRN Steering Committee and its representatives have held regular meetings, discussions and focus groups with stakeholders.

In August 2016, NCTCOG kicked-off its federally required update to *Access North Texas*. Under TRN's auspices, the steering committee worked to identify priorities to make recommendations to *Access North Texas*. This report outlines TRN's process and recommendations for inclusion in *Access North Texas*.

## Summary of TRN Strategic Outcomes

Over the past six months, TRN engaged with stakeholders to identify ongoing and future transportation needs, barriers to success and possible solutions to problems, all with an eye to selecting priorities for inclusion in *Access North Texas*. TRN established the following strategic outcomes that have implications for regional policy, future investment, service delivery and the coordination of transportation services.

- Increase affordable mobility solutions
  - Develop public-private and community partnerships, including joint pursuit of funding, to offset passenger and provider costs as a means of expanding access
  - Develop incentivized ride-share solutions
- Connect communities countywide and across the region
  - Expand and connect existing and future transportation services
  - Develop mobility solutions that meet community needs
  - Enhance communication and coordination between community partners and service providers
  - Coordinate trip scheduling and service information infrastructure
- Expand public awareness, education, skills development, and traveler support services
  - Engage individuals with disabilities, older adults, low income families, those re-entering the community from the justice system or others who lack access to reliable transportation
  - Provide ongoing education and skills development to engage employers, employer associations, community partners, medical practitioners and transportation providers
- Implement an holistic approach to wellness transportation
  - Integrate transportation-appointment service options
  - Collaborate with insurance companies, medical service providers and others to respond to barriers to wellness

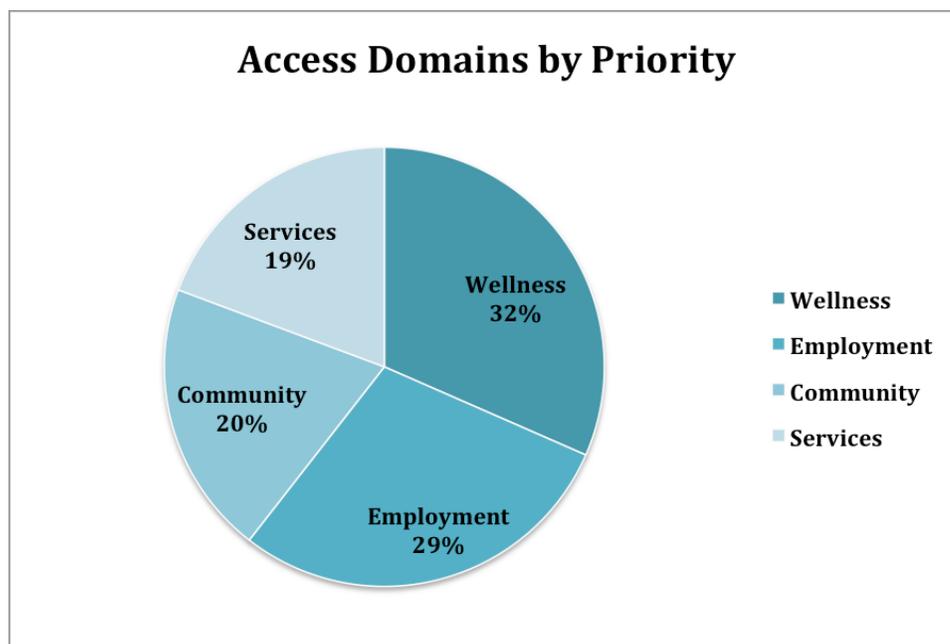
## TRN's Two-Phase Stakeholder Engagement and Information Gathering Process

*Phase 1: Initial Stakeholder Engagement and Information Gathering*

During the last six months, TRN has been actively engaged in soliciting input from stakeholders and gathering information to develop responses to implement solutions to identified barriers for inclusion in the 2017 *Access North Texas update*. (See Appendix 1 for outline).

The TRN Steering Committee began its two-stage engagement process by seeking stakeholder input on the transportation domains of greatest concern on November 7, 2016. Participants included elected officials and their staff, state, regional, county, local agency representatives, health insurance companies and publicly funded transportation providers.

Consensus was achieved on several areas where significant attention and investment is needed. TRN stakeholders identified four areas, or *domains*, as priorities: 1) Access to Wellness; 2) Access to Employment; 3) Access to Community; and 4) Access to Existing Services. Priorities and areas for further study were identified for each of these domains. (See Appendix 2)



Having determined the domains of greatest importance, participants identified top priorities for action. These priorities, identified by the largest number of participant votes, were:

1. Developing countywide public transportation services
2. Pairing vouchers with an array of public/private transportation options
3. Using service participants as drivers and coordinating passengers for rideshare programs
4. Eliminating barriers for individuals re-entering the community from the justice system
5. Coordinating services with medical providers, pairing available appointments and trips

Two affinity groups, Access to Wellness and Access to Existing Services, met to discuss priorities, barriers and possible solutions.

### ***Information Gathering Processes***

Limited access to transportation can challenge the ability of many agencies, coalitions and nonprofits to achieve their goals and objectives. TRN identified and gathered information on barriers from multiple credible sources. These sources provide data and insights that supported TRN's initial assessment of its priority domains.

#### *Access to Wellness:*

**MyRide-Tarrant:** MyRide-Tarrant, with \$5310 funding awarded by NCTCOG, MyRide-Tarrant offers older adults and persons with disabilities, individualized transportation options, as well as counseling that outlines public, nonprofit, community, volunteer and for-profit services, which an eligible individual can use to connect to his or her destination on a specific day and time. Housed at MHMR Tarrant, MyRide-Tarrant employs two full-time transportation navigators who provide counseling and traveler support, including assistance with applications, reading transit and rail schedules, referral to resources for funding and advocacy. MyRide-Tarrant, which has been funded since 2011, collects data on its contacts with older adults and persons with disabilities, the majority of whom are low-income.

MyRide-Tarrant, in 2015- 2016, received 1,111 calls from individuals seeking information, referral, and navigation assistance for services associated with wellness. These individuals sought assistance with trips for primary and specialty care, lab testing, chronic disease management services and pharmacy refills. Individuals requested information in order to access a broad array of wellness locations, including health network campuses, community-based clinics, individual medical offices, kidney dialysis clinics, therapy services and rehab facilities. Also included in this category are those callers requesting assistance with access to opportunities for yoga, meditation, and exercise.

More than half of the callers that MyRide-Tarrant assisted with information, referral, and navigation for wellness services, (57%) were 65 and older. About one-fifth, (21.8%), were callers between the ages of 40 and 49. The overwhelming proportion (89%) of callers were insured, a fact that runs counter to the conventional wisdom about those who are challenged to access medical services. While Medicaid is required to provide transportation to cover medical and pharmacy appointments for beneficiaries without options, the majority of individuals covered by Medicare, private health insurance, or TriCare/CHAMPUS, have no specific transportation benefit. Of the 14% of MyRide-Tarrant callers who self-identified as veterans and were seeking access to medical services, most were trying to get to a Department of Veterans Affairs medical clinic.

Approximately half of the individuals who contacted MyRide-Tarrant for assistance in accessing wellness services identified as having a mobility impairment. One in five, (19.2%), self-identified as having a cognitive impairment. Nearly equal proportions of callers indicated that they had a psychiatric disability (9.4%), or had no disability (10.8%).

The starting point for more than half, (54%), of those seeking transportation options for wellness-related trips is in Fort Worth, with Arlington a distant second (19%). More than half, (55%), were seeking assistance reaching destinations in Fort Worth. While Arlington remains second, (14%), an emerging proportion, (13%) of those seeking assistance with medical trips, are trying to connect to locations outside of Tarrant County, including Irving and Dallas.

In seeking to link eligible individuals to needed transportation services, MyRide-Tarrant recommended the Fort Worth Transportation Authority's MITS, Catholic Charities, the Fort Worth Transportation Authority's fixed-route services, and the Trinity Rail Express most frequently for access to wellness. MyRide-Tarrant also referred callers to Mid-Cities Care Corps, the Veterans Administration's Volunteer Transportation Program and the Military Veterans Peer Network.

Of those that MyRide-Tarrant was able to reach post-trip, 37% made the trip using a recommended option, while nearly 62% reported that they had not. Asked to identify why they did not make the trip using a recommended option, individuals identified the following reasons:

- **35.4%: No follow-through:** The individual did not complete the process needed to qualify
- **22.8%: Affordability:** The individual could not afford the cost of the trip
- **21.5%: Didn't like the options**
- **19.1%: Eligibility process:** Although the eligibility process had been initiated, the determination for the individual had not yet been made or completed.

*It is of great importance that three in five, (63.7%), who did not use the recommended option did not succeed in making the medical trip.* Of those who made the trip, roughly one in three, (36.3%), relied on families and friends, with some receiving assistance from members of their place of worship.

**Access to Wellness Affinity Group:**

TRN convened an Access to Wellness Affinity Group in an effort to engage those specifically interested in and engaged in healthcare. The group, made up of mobile healthcare providers, healthcare insurers, the JPS Health Network, transportation providers, transportation network companies, the Department of Veteran Affairs, MHMR Tarrant, city staff and county staff. The Affinity Group met three times in the early winter of 2017. Among the barriers that these healthcare professionals identified:

Barriers to Wellness	Connecting Issues
<b>Low-acuity Emergency Department (ED) visits</b>	Individuals unable to access non-emergency medical services often turn to 911 or to hospital emergency departments. While transportation may not be available for clinic visits, it is available 24/7 to take people to an emergency department, even when this level of care may not be necessary or appropriate.
<b>There is often a significant geographic mismatch between where individuals live, particularly those covered by Medicare, and where their medical providers are located</b>	Some areas have multiple Medicare providers, but individuals seeking services often face geographic barriers. Some existing services are restricted to the boundaries of cities, smaller regions within the Metroplex or counties. Last-mile connections, such as from a TRE station, can be very expensive, especially when private providers are called upon.
<b>There are often limited transportation providers for those with subsidized insurance coverage who are trying to access services and wait times for appointments can be excessive</b>	Limited providers; lengthy wait time
<b>Limited options to access prescription refills, particularly for those receiving certain classes of medications, especially for behavioral health disorders</b>	Some insurers require individuals initiating or refilling certain classes of medications to be physically present to get their prescriptions. Individuals may be unaware of existing transportation options to enable them to access timely prescription refills. Many individuals who are insured through Medicaid are unaware of the Medicaid Transportation Program that can provide no-cost transportation to prescription refill sites.
<b>Residents of outlying areas, such as Mansfield or South Arlington, who don't have reliable access to personal transportation, cannot access</b>	Individuals who are covered through <i>Medicare</i> , and most private health insurers, do not have a transportation benefit. If they do, that benefit is often limited to a fixed number of rides per year

**medical services that may be available in other county locations**

**Appointment scheduling protocols do not traditionally include an assessment of an individual's transportation capability or any contingencies associated with transportation**

Individuals using MITS or other demand-response services are asked for the timing of their return trip. For individuals receiving medical services, a return trip time may be difficult to calculate.

MedStar and JPS, members of the Access to Wellness Affinity Group, provided additional data on the impacts of transportation. In 2016, one in three (35%) of the 124,925 calls to MedStar, the mobile healthcare responder for Fort Worth and 14 of the county's municipalities, were for non-emergent healthcare. An estimated 24% of emergency department visits to JPS were for services that could be provided through a standard baby or young child wellness check.

Asked to identify priorities and possible solutions to these challenges, the members of the Access to Wellness Affinity Group said the following:

- Develop new approaches to service: Existing transportation services are not meeting the needs of those seeking transportation
- Broader adoption of alternatives to 911/emergency department visits for low-acuity needs
- Find a way to respond to the geographic mismatch between where individuals live and where providers are located
- Develop a different approach to scheduling appointments for both medical services and prescription refills where current access is constrained

The Affinity Group's identified barriers, connection issues, priorities and solutions informed TRN's strategic outcomes.

***Health Management Associates: Tarrant County Long-Range Planning Related to JPS Health Network***

The Tarrant County Commissioners Court engaged Health Management Associates (HMA) to develop a long-range assessment of the John Peter Smith (JPS) Health Network, which is managed by the Tarrant County Hospital District. HMA has sought input from hundreds of community stakeholders, system users and experts.

HMA identified lack of adequate transportation as a "huge barrier" to the access of healthcare in Tarrant County and supports the strong interest in increasing transportation options that support healthcare and other wellness services,

The HMA study said:

"Community advocates indicated: 'People have JPS Connection but they go to free clinics because they don't have transportation to the JPS clinic.' A patient indicated that the Cancer Center needs transportation; 'we have patients that do not have transportation to get their chemo or radiation.' A community leader indicated that a patient with diabetes may need to have a test this week and a doctor's appointment the following week, and they have to choose between the two. 'Because we don't have the transportation, we need that to happen in one visit.' 'It would be nice to have all the services, your one-stop shop as much as possible...'"

The study explains that within the JPS Health System, “Patients emphasized that all the departments at JPS need to know transportation options and inform patients about them. ‘When you ask [about transportation in some departments] at the hospital, [staff respond} ‘I don’t know.’”<sup>1</sup>

### ***Access to Behavioral Health Services***

A specific subset of wellness services, access to behavioral health services, is exceedingly complicated for the estimated 11,200 low-income Tarrant County residents with significant mental illness (SMI), substance use disorders and co-occurring psychiatric and substance abuse disorders (COPSD).

Screening and diagnosis used to be a major barrier to access. Now, the emerging challenge is ongoing access to the medication, lab testing, and counseling essential to stabilize individuals and to improve health outcomes. Access to behavioral care in Tarrant County, which is a federally designated Mental Health Provider Shortage Area, is described as "very difficult," even for the insured.

Faced with limited options to connect with practitioners, access to wellness services is further constrained for many individuals with SMI, which directly affect the county’s safety-net services. The Local Mental Health Authority, MHMR Tarrant, operates a Mobile Crisis Outreach Team. The team provides face-to-face services to individuals in crisis. In FY2015, the team provided crisis services to 1,962 children, adolescents, and adults. Nine in ten individuals to whom the team responded were diagnosed or had been previously diagnosed with SMI. Post-crisis, the team staff remains engaged with the individual for up to 90 days, providing support and services to stabilize the individual to pre-crisis functioning levels. It also connects them to long-term services to support wellness. Individuals with SMI from low-income families rarely have reliable access to a car. Many live outside the service area of the Fort Worth Transportation Authority and need to travel to access practitioners, prescription drugs or lab testing. In FY2015, MHMR staff provided more than 1,800 behavioral health care trips to connect those with SMI to their appointments, because there was not another viable option.

The County's JPS Health Network is the public source of inpatient care for uninsured persons with SMI. In its most recent Community Health Needs Assessment, JPS identified the number of psychoses-related admissions as second only to the number of births without complications. JPS also provides the lion's share of post-discharge outpatient care for uninsured persons with SMI. The effectiveness of this care is limited because 58% do not complete outpatient treatment.

Transportation is a major barrier to care. In FY 2015, 10 residential zip codes accounted for 1 in 4 of the 3,995 discharged SMI patients at JPS. Of those zip codes, five lie wholly or partially outside of the Fort Worth Transportation Authority’s service area. While JPS provides fixed-route passes, it has no strategic alternative for those unable to access services from the Transportation Authority. The federal Health and Human Services agency projects 10% of uninsured individuals with SMI will be re-admitted within one year because they were not able to effectively connect, sustain, and complete outpatient care. Based on this estimate, in FY2016, an estimated 400 patients will be re-admitted at a local cost of \$10,550 per person and at a total cost to JPS, and the public, of \$4.2 million, most of which will be uncompensated.

### ***MyRide-Tarrant: Interviews and Focus Groups with Individuals with SMI***

Eight focus groups and 120 interviews with individuals with SMI, facilitated by MyRide-Tarrant, shows the personal impacts of these challenges to low-income individuals. MyRIDE Tarrant engaged with individuals in faith-based community settings, waiting rooms, peer-to-peer/vet-to-vet support groups and at behavioral health clinics. Participants identified the challenge of crossing multiple municipal boundaries to access services and support, as well as the eligibility requirements and applications that often limit options

<sup>1</sup> *Appendices: Tarrant County Long Range Planning Related to JPS Health Network*, page 10. Draft version accessed May 18, 2017. An assessment that continues, the views expressed in this document are those of HMA.

for travel, the advance reservation requirements and the cost. In these focus groups and interviews, individuals with SMI reported:

- **“I would like to come to other (Mental Health Association of Greater Tarrant County) programs and support groups, but can’t because I don’t have the funding (for MITS passes) to attend all group sessions.”**  
Participant in a peer-to-peer support group, who lives in Fort Worth and uses MITS
- **“Coming to my (vet-to-vet support) group really helps. It’s disappointing when I can’t get here. When I can’t get here, it feeds my depression.”**  
Participant in a vet-to-vet support group for PTSD, lives in Arlington and relied on another participant for a ride
- **“If I have to go to Fort Worth for a doctor’s appointment. I call one of my friends and ask ‘Can you take the day off, so I can have a ride?’”**  
Participant in a peer-to-peer support group, lives in Arlington, relied on another participant for a ride
- **“I don’t think it’s a coincidence that all my arrests happened when I couldn’t get to treatment. Since I got my car, that (expletive) don’t happen. I actually like the police, again.”**  
Participant in a National Association on Mental Illness focus group, lives in Arlington, currently has a car, but was without personal transportation for an extended period
- **“There was a time when I didn’t have a car. My girlfriend and I split up. I went to live with my mother in Lake Worth. When I didn’t have a car, I used to walk to the closest bus stop– it was about 2 miles from my mother’s. Things are more stable now. I have a truck. I live in Azle. I get treatment. It really lifts me. I’m thinking about the future again. It’s all worked out, but it would have been a lot better if I could have attended sessions more often. I had a great psychiatrist, but it got to the point where I only could see him every 3 months, because I didn’t have a way to get there more often.”**  
Participant in a recovery support group for veterans with co-occurring behavioral health and substance abuse disorders, lives in Azle, drove his own truck
- **“I used to go to an AA meeting that I really liked in Arlington. I live with my mother in Fort Worth now. She won’t take me to Arlington for something like that.”**  
Participant in a peer-to-peer support group, lives in Fort Worth, used MITS to attend

Individuals with SMI consistently identified sporadic attendance at treatment, delayed lab testing and prescription refills and community isolation as outcomes associated with limited transportation options. The input of individuals, including veterans, informed TRN’s Strategic Outcomes.

#### ***April 4, 2017 Tarrant County Criminal Justice Coordinating Committee Workshop***

The clearest connection between difficult access to transportation and its impact on multiple public systems is among people in the criminal justice system who have behavioral disorders. In its 2015 *Tarrant County Criminal Justice Plan*, the Tarrant County Criminal Justice Coordinating Committee identified that behavioral health services for children and youth in the juvenile justice system were largely available in Fort Worth and Arlington, but not elsewhere. “For people living in other parts of Tarrant County, there are limited options for mental health services. Lack of public transportation in parts of the county make services inaccessible to many who need them,” according to the plan.

The Tarrant County Criminal Justice Coordinating Committee (CJCC), recognizing the impact of the lack of adequate transportation, hosted a participatory workshop on April 4, 2017, to address concerns regarding mobility issues and the ex-offender population. The workshop participants identified barriers and potential solutions during the workshop.

The committee is appointed by the Commissioners Court and includes county government criminal justice department heads, municipal law enforcement representatives and elected officials or their representatives. The committee provides an ongoing, countywide forum for leaders of criminal justice agencies as well as local governments and communities. They collectively discuss public safety and criminal justice issues in the most evidence-based, cost-effective, and equitable way possible. The committee brings together leaders to form a unique forum whose overall purpose is to strengthen interagency coordination, policy, communication, and cooperation.

Key themes of stakeholders and attendees on transportation include:

- Key Barriers
  - Lack of affordable countywide public transportation
  - Illiteracy; lack of knowledge of transit system options
  - Reentry education doesn't discuss transportation options within the community
  - Eligibility requirements for existing transportation services, including the Medicaid transportation benefit and Tarrant County Transportation Services
  - Staggered employment shifts
  - Lack of affordable housing in Tarrant County. Where there is affordable housing there often is a lack of additional services, such as childcare or transportation, that can help make employment possible
  - Inability of ex-offenders to keep a job because of transportation that is not dependable
  
- Key Solutions
  - Increase bus frequencies on certain routes and add pick-up locations
  - Additional funding for the criminal justice population transportation options
  - Education and training on transportation system options for halfway house staff, probation officers and community partners
  - Transportation options for swing and night shift in addition to eight-to-five shifts
  - Addition of transfer centers to encourage more direct or express services
  - Tap into faith based-church support within the communities and a volunteer-driver version of Uber or Lyft
  - Work release drivers as volunteer drivers, especially to community centers

The committee attendees were emphatic that additional attention needs to be given to mobility options for individuals who are in the criminal justice system, reentering their communities and the families of individuals within the system. The CJCC's identified barriers, connecting issues, priorities, and solutions informed TRN's Strategic Outcomes.

## **Phase 2: TRN's Priorities and Refinement of Strategic Outcomes for Access North Texas**

### ***May 17, 2017 TRN Stakeholder Meeting***

On May 17, 2017, the Tarrant Riders Network held a general interest meeting with over 60 participants that included citizens, elected officials, elected official staff and policy experts. The group developed a list of priorities and identified key barriers (*See* Appendix IV).

The key barriers that were identified through the process are as follows:

- Lack of affordable, reliable, and dependable mobility options for all Tarrant County residents
  - Lack of countywide mobility services
  - Limited available transportation services infrastructure throughout the county
  - Limited availability of affordable mobility options at needed days and times, particularly in the early evening and on weekends

- Limited on-demand mobility options, outside of those provided by for-profit providers
- Limited accessible mobility options provided by for-profit providers
- Lack of accessible complimentary infrastructure to mobility options
- Lack of knowledge among the general public and the business sector of existing mobility options
- Lack of flexible funding options to provide service when trips require multiple providers
  - Lack of mobility services for employment, particularly for those who work outside of the traditional Monday- Friday, 8 – 5 p.m. schedule
- Lack of coordinated infrastructure yields a process that is not user friendly and slows response time
- Lack of reliable transportation services that can viably link a patient to the multiple locations and timing of wellness services
  - Medical services, particularly specialty services, are limited. Transportation services that viably connect patients to care may not be available because they are scattered geographically across the county
  - Critical services such as kidney dialysis and outpatient surgery centers may require patients to arrive before 6 a.m., hours before many transportation providers begin service
  - To ensure continued stability and improvement; services such as kidney dialysis, wound care and rehabilitation may require a specific schedule of treatment, including weekend care. For those relying on services, other than the Fort Worth Transportation Authority, accessing appointments on weekends has traditionally required more expensive, for-profit providers, such as taxis.
  - Transportation to same-day, non-emergency medical services is highly limited often resulting in system inefficiencies

## **Refinement of TRN’s Strategic Outcomes for Inclusion in Access North Texas**

### ***Increase Affordable Mobility Solutions***

Increasing affordable mobility solutions for citizens of Tarrant County has been a common theme throughout the public input process. Strategies for increasing affordable mobility solutions that were distilled from the stakeholder engagement and additional data resources include:

**Strategy 1:** *Develop public-private and community partnerships, including joint pursuit of funding, to offset passenger and provider costs as a mechanism for expanding access.*

Tarrant County has thriving corporate and philanthropic sectors that have consistently invested in the community. While mobility options in Tarrant County have historically been considered a public sector endeavor, policy makers and organizations across the community’s private, nonprofit, and faith-based sectors should work to develop strategic public-private partnerships. Access to affordable transportation options in many parts of the county is difficult with cost often the most significant barrier to mobility. Crossing traditional lines of public sector partnerships, the engagement of multiple non-traditional partners, including faith-based communities, businesses and philanthropies, could substantially expand the pool of available funding and increase access for low-income individuals who cannot otherwise afford existing services.

### **Strategy 2:** *Develop incentivized ride-share solutions*

In 2013, when the current *Access North Texas* was developed, transportation network companies were still largely conceptual, operated only as pilots in areas such as Silicon Valley. In the last four years, these companies have emerged as ubiquitous elements of the nation’s transportation network. Other areas in the region have rapidly moved to harness these options by implementing innovative incentivized solutions. Partnerships, including those initiated by Toyota, currently incentivize employee ride-sharing, using both

innovative vanpooling and transportation network services. Opportunities to move forward on incentivized ride-share solutions will be facilitated by the Dallas Area Rapid Transit's new regional *Go Pass 2.0*, a tool to allow the creation of individual accounts through which services can be funded and or billed to a third-party payer. Tarrant County should be prepared to take advantage of these unique opportunities, customizing them to support affordable transportation options.

### ***Connect Communities Countywide and to the Region***

The County's transportation system is so challenged by boundaries it could be described as Swiss cheese. Geographically, the Fort Worth Transportation Authority's ADA-complementary transportation, the Mobility-Impaired Transportation Service, cannot seamlessly connect an eligible individual in Fort Worth to some destinations within the City and many destinations outside the city limits in the county. While HandiTran can serve an area up to 1.5 miles outside the City of Arlington, even these expanded boundaries make it impossible to connect many of its passengers to critical locations, such as JPS' main campus in Fort Worth or to other medical facilities in Hurst or Grapevine.

Catholic Charities' transportation service bridges some geographic boundaries for a limited group of passengers, but their options are also limited by both geography and eligibility. While the Tarrant County Transportation Service (TCTS) offers individuals with disabilities and older adults access to any location within the County, these services are limited to residents of TCTS "member" cities on their dedicated day(s) of service only between 8a.m. and 5 p.m. While TCTS provides critical services to many passengers, its effectiveness is, quite literally, bounded by the communities it serves and its eligibility requirements.

Regional options, while important, are also limited. The Trinity Railway Express, or TRE, provides regional commuter rail service between Fort Worth and Dallas, passing north of Arlington. While it may be a cost-effective option for accessing regional destinations in Northeast Tarrant County and Dallas County, many individuals must also coordinate a last-mile option that will take them from the TRE station to their final destination. Like the TRE, the joint FWTA-Denton County Transportation Authority North Texas Xpress that connects Fort Worth and Denton with points along the I-35W corridor offers a cost-effective option for accessing regional destinations. However, like the TRE, many individuals must also coordinate a last-mile option that takes them to their final destination.

#### **Strategy 1: *Expand and connect existing transportation services***

In order to effectively move people across the west side of the Metroplex, the county needs more flexible funding options to enable affordable trips across those municipal and county boundaries. A potential solution is a funding pool that could be used to offset the cost of trips to both individuals and providers. Using its existing infrastructure, expanding TCTS may be an effective option. If the TCTS program could serve individuals across the county seven days a week, instead of the current restricted model, a limited countywide transportation "safety net" without the geographic or funding barriers could evolve. Other suggestions have included incentivized taxi and other private transportation company trips.

#### **Strategy 2: *Develop mobility solutions that meet community needs***

Tarrant County is home to 41 cities, each with its own history, strengths and challenges. The configuration of mobility solutions should respond, as much as is possible, to the specific needs and preferences of each community. The mobility solutions developed should be sensitive to the needs of each community and to that community's level of comfort with traditional transportation services. This should not restrict the ability of residents to receive the services they may need. While for-profit transportation companies may provide lower per-ride services, not all clients will be comfortable with an unmarked vehicle. Concerns regarding the language fluency of cellular technology should also be considered, with an emphasis on connecting clients with solutions that best meets their needs.

#### **Strategy 3: *Enhance communication and coordination between community partners and service providers***

Service providers within Tarrant County need greater communication and coordination abilities. Consideration should be given to a unified trip scheduling and routing software, or relevant software integration. Put simply, the greater the coordination, the greater the efficiency. Tarrant County has very limited transportation funding for its two million residents. Priority should be given to requests for funding for programs and services that demonstrate the ability to coordinate with existing systems and services. There is limited funding available to support public transportation services. A strong funding preference for those services that can coordinate with existing infrastructure should be established. The likelihood of greater efficiency will improve as communication software grows increasingly sophisticated.

The strong preference for trip scheduling and infrastructure is not restricted only to providers. MyRide-Tarrant, for example, which works with thousands of clients a year, cannot currently confirm availability or schedule trips. Instead, it must go through each provider, trip by trip, to support access for an individual passenger. Similarly, healthcare providers such as JPS, cannot directly coordinate appointments and trips when scheduling a patient's care. Using a shared infrastructure through which entities can identify available trips, in real time, will greatly improve timeliness and access to services.

**Strategy 4:** *Coordinate trip scheduling and service information infrastructure*

In a similar vein, a consistent complaint of users of the current transportation system is the lack of a centralized scheduling and information infrastructure. Different providers have different trip scheduling and eligibility requirements. In order to better connect within the county and to connect the county to the region, centralized trip scheduling capabilities need to be implemented. MyRide Tarrant, for example, which works with thousands of clients a year, can only hand-off individuals to other service providers instead of taking a more active role in transportation navigation and coaching. Creating the infrastructure that develops seamless trip scheduling and service information across the county would greatly improve the effectiveness of the county's system.

*Expand Public Awareness, Education, Skills Development, and Traveler Support Services*

The lack of a cohesive transportation system in Tarrant County has caused a dearth of knowledge on how to use the existing transportation options. Whether it is navigating the bus system, the TRE, or utilizing smaller transportation providers, residents are unaware of options and unfamiliar with how to schedule rides or use the system. One challenge for a number of vulnerable populations, including older adults and individuals with behavioral health disorder, is the lack of fluency with the transportation system.

**Strategy 1:** *Engage individuals with disabilities, older adults, low-income families, individuals reentering the community from the justice system and others who lack access to reliable transportation.*

Develop a coordinated effort to ensure that existing transportation providers educate eligible citizens. Cities that participate in, or fund transportation services, should make every effort to increase the awareness of available transportation options. Grant recipients should demonstrate how additional public awareness and education efforts can be folded into any program.

While being able to access the transportation infrastructure is necessary, geographic proximity alone is insufficient. To ensure access, individuals must have the requisite information and skills to use the available or most affordable services. For some older adults and persons with disabilities, the lack of mastery, rather than geographic proximity, is the most significant barrier. Expanding public awareness, education, skills development and traveler support services can readily expand the number of individuals who are otherwise unable to access transportation.

There are cost-effective tools for improving mobility for older adults, people with disabilities, low-income families and others whose travel is unnecessarily confined. Services can include counseling to assist an individual with identifying transportation options, travel orientation and navigation. Training can provide

first-hand engagement with options and travel ambassadors can accompany individuals on their trips to provide support.

There need to be partnerships formed between those who serve and support people without reliable access to the community and those who provide information, skills development and support services. Nonprofit organizations, community partners, healthcare providers and others that engage with individuals should be encouraged to partner with programs such as MyRide-Tarrant and the Transportation Authority's Travel Ambassadors to ensure that residents are able to use the options where service is available.

**Strategy 2:** *Provide ongoing education and skills development to engage employers, employer associations, community partners, medical practitioners and transportation providers.*

Employees who are unable to reach the workplace on time are a recurring challenge for employers and employer associations. Entire geographic swaths of the county are effectively off-limits for job applicants without reliable access to transportation. This leads to challenges in employee retention and untapped workforce potential. Many employers, employer associations and economic development interests are unaware of the existing mobility services, just as some county residents lack that knowledge. Workforce-specific transportation information and skills development that support the full spectrum of mobility options, such as commuter tax benefit programs, transportation management associations, employer-sponsored vanpooling, guaranteed ride-home programs and circulator services, should be implemented.

#### *Implement Holistic Access to Wellness Approaches*

Access to wellness is more than merely going to a doctor's appointment. It speaks to a broad array of services that support overall well-being for the diverse populations of Tarrant County. While federal funding is available for older adults and individuals with disabilities across the region, the funding and the programs are not comprehensive enough to address the needs or demands of these two populations. Some existing programs, such as the North East Transportation Service (NETS), opted to increase the eligibility age from 60 to 65, in an effort to manage the demand for trips.

Largely unaddressed by these funding sources are other populations in the county with significant unmet needs and with a demand for a full array of trips that support well-being. For example, HandiTran in Arlington can be used by persons with disabilities and adults 65 and older to access a doctor, but low-income families with young children seeking to connect to baby wellness checks or nutrition classes are excluded from HandiTran eligibility. In addition, there are limited public transportation services in Tarrant County for prescription pick-ups and refills, behavioral-health appointments, peer recovery support and for those not insured through Medicaid. Also, access is severely limited to food banks or farmers' markets that offer fresh, healthy foods and agencies that support utility bill payments

**Strategy 1:** *Integrate transportation-appointment service options*

While the Medicaid Transportation Program offers a call center through which its beneficiaries can access trips, the general lack of awareness of existing transportation options among healthcare providers and patients is significant. Rather than approaching medical appointments and transportation as two discrete decisions, coordinating appointment scheduling with available transportation services would significantly increase the likelihood that individuals could receive timely wellness services.

**Strategy 2:** *Collaborate with insurance companies, medical service providers, and others to respond to barriers to wellness.*

While much focus has been given to transportation service providers expanding service, a collaborative effort with insurance companies, medical service providers and others needs to be initiated. An attempt to

find alternative funding options for wellness trips is important. Given that most on-demand trips are for healthcare appointments, expanding the stakeholders and potential funding sources makes sense.

As an example, of the thousands of trips that Catholic Charities Diocese of Fort Worth provides, dialysis accounts for more than 10,000 trips annually. From November 2016 to April 2017, 5,306 on demand trips for 91 unique dialysis clients were made. The projected cost is over \$400,000 annually, just for rides provided for dialysis trips delivered by Catholic Charities. Of the Tarrant Riders Network Volunteer Driver Program, 22% of rides delivered by volunteer drivers were for dialysis patients.

Funding is available for dialysis trips through §5310 funding, non-profit and community aide programs. With an eighth of Catholic Charities rides being used by a small number of dialysis patients, the limited funding for non-emergency medical transportation is further diminished.

## **Conclusion**

The quality of life for a number of the county's most vulnerable residents will be enriched if the priorities outlined above are implemented and Tarrant County's mobility services are improved. The inclusion of these strategic outcomes into Access North Texas 2017 will move forward the development of sustainable transportation options for the entire county. There is a lot of work that still needs to be done. These outcomes represent a path forward for the mobility service providers in the county.

## Appendix I

- Outline of TRN Engagement
  - August 19, 2016 – Access North Texas Kick Off Meeting
    - 1001 Jones Street, Fort Worth, Texas
  - TRN Steering Committee Meetings
    - Monday, August 29, 2016
  - TRN General Membership Meetings
    - November 7, 2016
      - Moncrief Cancer Institute, 40 West Magnolia Ave, Fort Worth, Texas
  - Development of Affinity Groups
    - Access to Wellness Affinity Group – January 27, 2017
    - Access to Wellness Affinity Group – February 27, 2017
    - Access to Service Affinity Group – March 6, 2017
  - Tarrant County Criminal Justice Coordinating Committee Workshop
    - April 4, 2017
  - Stakeholders
    - Public Health
      - Tarrant County WIC Case Workers
    - Community Development
    - Tarrant County Community Supervision and Community Development
    - Redemption Bridge FBO Meeting
    - JPS Hospital Network
      - HMA Study
    - Catholic Charities Diocese of Fort Worth
    - Reentry First Stop Center

## Appendix II

### November 7, 2016 – TRN Stakeholder Priorities (in order of identified importance)

- Countywide public transportation service
- An array of public/private options paired with vouchers
- Ride share programs driven by other service recipients: A senior who can drive is going to a senior center. Let's connect that driving senior to other seniors going to the same center who cannot drive.
- Barriers for individuals re-entering the community post-incarceration
- Coordination with medical providers: Providers are able to see available schedules and coordinate appointments and trips
- Social isolation
- Reciprocal agreements among smaller providers/Streamline eligibility/Uniform policies among providers (e.g., age limits)
- Responding to funding restrictions, including gaps in funding or limitations
- Greater coordination between providers
- Transportation for all shifts, including weekends and nights
- Encourage veterans groups to transport their participants (e.g., VFW, American Legion, etc.)
- Services that connect Fort Worth to Arlington and to Dallas
- Affordable countywide paratransit services
- Intra-county coordination (Tarrant, Dallas, and Parker)
- Enhance connections between services at health care facilities and transit
- Better timing and reliability of curb-to-curb transportation
- Greater number of trips in which there is no transfer (non-stop rides)
- Engage employers to help cover costs of transportation to raise visibility
- Sustainability planning for those individuals for whom work trips may be initially subsidized by an agency, but who will need to take on the cost
- Better communication about available services/education
- Work with Economic Development to develop plans that include transit
- Access to funding for non-medical trips
- Transportation for support groups/carpooling
- Light rail option
- Services that connect Parker County to Fort Worth
- Services that connect the Alliance to Fort Worth
- Services that connect North East Tarrant County to Fort Worth
- Economic development: Attract millennials and high-tech
- No service to ballpark or county stadium
- Advocacy
- First mile/last mile
- Funding for those who are not 55 or older and/or persons with disabilities
- Education of qualification for services
- Increase access to evidence-based classes (e.g., senior centers, hospitals, churches)
- Trips to dialysis and doctors' appointments
- Inconvenient scheduling processes
- Cost of trip
- Have all cities join the Fort Worth Transportation Authority
- Offer opportunities for cities to partner via contract if they do not have taxing capacity available
- Fleet diversification: Better mix of cost efficient and/or ADA-paratransit vehicles

- More unrestricted funds for work-related trips within the County that are not limited by start or end point
- Subsidized transit passes that nonprofits and others can use to offset cost
- Encourage Rideshare programs
- Coordinate among nonprofits, community organizations, and other to apply for grant funds collaboratively
- Contract with transit providers for necessary trips that are otherwise difficult to make (e.g., grocery trips)

## Appendix III

### April 4, 2017 Tarrant County Criminal Justice Coordinating Committee Workshop

- Access to Community
  - Barriers
    - Access to the community from persons with a disability
    - Lack of countywide public transportation
    - Lack of knowledge of resources
    - Criminal Justice population lack of identification (drivers license, insurance cards, identification cards, etc.)
    - North Texas climate
    - Access to transportation in high crime areas
    - Illiteracy, lack of knowledge of transit system options
  - Solutions
    - Transportation resource coordinator
    - Increase route frequencies and number of pick-up locations
    - Applicable technologies, especially as related to cellular phones
    - Additional funding for criminal justice population transportation option
- Access to Wellness
  - Barriers
    - Funds to pay for medical services (if not on Medicaid or JPS Connect program)
    - Funds available to individuals leaving prison is minimal
    - Little knowledge of transportation options
    - Reentry education doesn't discuss transportation options within the community
    - Social support system is limited in Tarrant County
    - Halfway houses do not always offer transportation
    - Locations of healthcare providers
    - Eligibility requirements for existing transportation services, including Medicaid transportation benefit and Tarrant County transportation services
    - Difficultly getting to 76104 zip code
    - Medicare doesn't have a transportation benefit
    - Cost of transportation service (non-emergency medical)
  - Solutions
    - Transportation system education and training for halfway house staff, probation officers, and community partners
    - Coordination for transportation options with healthcare providers
    - Social justice improvement (MPower model)
- Access to Employment
  - Barriers
    - Affordability
    - Lack of park and ride in the western portion of the county
    - Lack of alliance dedicated service
    - Staggered employment shifts (not all shifts 8:00 am to 5:00 pm)
    - Lack of knowledge of transportation options
    - Lack of affordable housing near jobs (especially Alliance area)
    - Where there is affordable housing, lack of additional services making employment possible (childcare, transportation, etc.)
    - Lack of ability for ex-offenders to keep a job because of transportation not being dependable
    - Ex-offenders do not know how to set priorities and take responsibility
    - Lack of affordable, available, transportation-friendly daycare

- Solutions
  - Ride sharing options that is more than The T sponsored van pools
  - Affordable transportation options within the county
  - Need Alliance dedicated service
  - Need transportation options that deal with non-eight-to-five shifts
  - Employer subsidized mass transportation costs
  - Addition of transfer centers to encourage more direct or express services
- Access to Service
  - Barriers
    - No strategic plan for the Tarrant County metro area
    - Need further assessment of the criminal justice (ex-offender) community
    - Lack of personal identification for ex-offender population
    - Lack of knowledge of route info
    - Lack of access to transportation to and from medical services
    - Lack of affordable day care options
    - Lack of affordable mobility options
    - Cultural differences including language barriers
  - Solutions
    - Expand ride sharing options
    - Tap into faith based-church support within the communities
    - A volunteer version of UBER
    - Work release drivers (for volunteer drivers), especially to community centers
    - Additional funding
    - More transit options

## Appendix IV

### Wednesday, May 17, 2017 – Tarrant Riders Network Meeting Notes

#### Access to Employment – Policy Options

- Identified Barriers
  - Lack of affordable, reliable, and dependable mobility options for all Tarrant County residents
  - Lack of accessible complimentary infrastructure to mobility options
  - Lack of knowledge within the general public and business sectors of existing mobility options
- Priority Outcomes
  - Develop affordable, public-private incentivized mobility solutions
  - Develop mobility services that are countywide with regional access
  - Use new technologies to develop new mobility options

#### Access to Employment Public Input Notes

- Identified Barriers
  - Availability of mobility options - 9
  - Affordability of available mobility options - 8
  - Connectivity of services -3
  - Reliability of mobility options – 2
  - Accessibility of mobility options/Corresponding Infrastructure - 1
  - Knowledge of existing mobility options
  - Consistent, sustainable, and dependable funding
  - Employer coordination/shifts
- Identified Solutions
  - Employer/Government incentivized ride-sharing – 6
  - Region wide transportation solutions - 5
  - Countywide mobility service(s) – 4
  - Flexible routes/services/Bridj/Chariot – 4
  - Transportation voucher program - 3
    - Employer assisted transportation voucher program
  - Collaboration and communication of providers and user organizations - 3
  - Reduced fare zones and discounts - 1
  - Affordable first/last mile options - 1
  - Develop more education and community awareness – 1
  - Application of new technologies to transportation

#### Access to Community – Policy Options

- Identified Barriers
  - Lack of countywide mobility services
  - Lack of mobility services for employment
- Identified Solutions
  - Develop enhanced communication and connections between transportation agencies
  - Develop community-centered mobility solutions
  - Develop greater public and organization public awareness and education

#### Access to Community Public Input Notes

- Identified Barriers
  - Countywide transit system - 13
  - Expand Maxx service in Arlington - 2
  - Get people to jobs
- Identified Solutions
  - Community outreach and education - 4
  - Volunteer/paid travel companions - 4
  - Communication/connections between transportation agencies - 4
  - Options of trips based on length (ATM, food vs medical) - 1
  - Policies updated to reflect community needs - 1
  - Incentivize people to invest in transportation
  - Incentivize employers to provide transportation
  - Deploy churches
- Development of Services
  - Expand current service - 4
  - New service - 4
  - Both expanded and new services - 20
  - Shared ride applications – 1

#### Access to Existing Mobility Services – Policy Options

- Identified Barriers
  - Lack of available and affordable mobility options at needed days and times
  - Lack of flexible funding options to provide service across providers
  - Lack of on-demand mobility options
  - Lack of call center and ride scheduling infrastructure causing excessive call wait times and scheduling complications
- Identified Solutions
  - Develop employer incentivized ride-share solutions
  - Develop centralized trip scheduling and service information infrastructure
  - Develop additional training for service providers that serve clients with disabilities

#### Access to Existing Mobility Services Public Input Notes

- Identified Barriers
  - Funding for Transportation – 5
  - Days/Times of trips available - 5
  - Affordability - 3
  - Availability of Mobility Options - 2
  - Navigating Connections from one ride source to another -2
  - Accessible Vehicles - 1
  - Educating public on options and how to use system – 1
  - Length of trip to get where trip needed
  - Need service companions
  - Advance scheduling (24-48 hour advance)
  - Lack of access and service connections (to regional system) for the Arlington Maxx service
  - Call center response times
  - Lack of services for rural Tarrant County residents
  - Lack of infrastructure to support services (sidewalks, etc.)
  - Lack of infrastructure (sidewalks, ramps)
- Identified Solutions
  - Employer incentivized – 2
  - City buy in/support
  - Expand mileage reimbursement/ride share
  - Discounted fares (sliding scale)
  - Scholarships for training, education trips
  - Expand door to door service
  - Extended mobility service hours
  - Driver training for people with disabilities
  - Voucher program
  - Additional staff for call centers
  - Centralized call center for available services
- Development of Services
  - Expand existing – 8
  - New services - 8
  - Fix current services – 9

#### Access to Wellness – Policy Options

- Identified Barriers
  - Lack of availability of mobility options and same-day services to reduce dependence on 911 and emergency medical transportation

- Lack of reliable transportation services that appropriately coordinate with wellness appointments across the county
- Lack of available transportation services infrastructure throughout the county
- Identified Solutions
  - Develop integrated transportation-appointment service options
  - Develop service options with insurance companies and medical service providers to share costs
  - Develop expansion and connectivity between existing transportation service providers
  - Develop holistic approach to wellness transportation

#### Access to Wellness Public Input Notes

- Identified Barriers
  - MITS/NETS – No same day access
  - No affordable services in Arlington, mid-cities, Mansfield
  - Medicaid transportation restrictions
  - Insurance
  - No county-wide non-emergency transportation solutions
  - Funding boundaries restrict patients from getting to the care they need
  - Affordability
  - MITS not available in Richland Hills or North Richland Hills
  - 911 is easy; non-emergency medical transportation is more difficult
  - Low utilization of TRN solutions
  - Lack of awareness for transportation options
  - Low conversion rate of MyRide wellness calls – complex situations
  - Access to nearby medical specialists
  - Complexity, time and difficulty navigating of services (eligibility and ride scheduling difficulties)
  - Lack of commitment from provider for ride times (late for appointments)
  - Fare aid program for low income clients no longer available
  - Limited trips within Fort Worth
  - Expansive definition of wellness needed
  - Access to food bank for healthy options
  - Lack of non-emergency medical options 24 hours a day
- Identified Solutions
  - Transportation services to be bundled with medical services – 5
  - Expansion of services for medical care – 4
  - Non-emergency ride system for same day/after hours – 4
  - Offer funding without ‘boundaries’ – 4
  - Expand insurance benefits to cover transportation (like Medicaid) with expanded definition of healthcare/wellness - 3
  - Connecting existing services (MITS/HandiTran integration) - 2
  - Simplified Eligibility – 2
  - Greater community awareness/education – 2
  - Increased accountability for transit service providers to meet scheduled commitments – 1
  - More accessible vehicle options – 1
  - Simplify ride-sharing options – 1
  - Align medical services with transportation availability – 1
  - Expansion of days for Tarrant County Transportation Services
  - Empower/employ community members to driver for medical trips
  - Community based driver networks
  - Vehicle donations
- Development of Services

- Expand Existing – 9
- Support New Services – 13
- Fix Current Services - 7